

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90224 050 ***150.00

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1. Entity Name

PRIME PEST CONTROL, INC.



Principal Place of Business

6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US

Mailing Address

C/O CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0055506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete
NAME SWATT, MYRON
STREET ADDRESS 6300 PARK OF COMMERCE BLVD
CITY-ST-ZIP BOCA RATON FL 33487

TITLE Director ☐ Change ☒ Addition
NAME D. Scott Patterson
STREET ADDRESS 1140 Bay St, Suite 4000
CITY-ST-ZIP Toronto, ON M5S 2B4

TITLE VP ☐ Delete
NAME LESTER, ANDREW
STREET ADDRESS 6300 PARK OF COMMERCE BLVD
CITY-ST-ZIP BOCA RATON FL 33487

TITLE Director ☐ Change ☒ Addition
NAME John Friedrichsen
STREET ADDRESS 1140 Bay St, Suite 4000
CITY-ST-ZIP Toronto, ON M5S 2B4

TITLE CEOP ☐ Delete
NAME SOLLINS, CHARLES
STREET ADDRESS 6300 PARK OF COMMERCE BLVD.
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME JAY HENNICK
STREET ADDRESS 1140 BAY STREET, SUITE 4000
CITY-ST-ZIP TORONTO ON

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BERSTEIN, ARNOLD J
STREET ADDRESS 6300 PARK OF COMMERCE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME LANG, WENDY
STREET ADDRESS 6300 PARK OF COMMERCE BLVD
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #